

Delbert Hosemann  
SECRETARY OF STATECandidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
Special Election

Name of Committee Committee to Elect CHACKSTEIN  
 Address PO BOX 6164 DIERVILLE MS. 39540  
 Telephone 228-331-3680 Fax \_\_\_\_\_  
 Treasurer RATHI STEIN Email CHACKSTEIN@BELLNET.NET

RECEIVED

FEB 01 2011

Campaign Finance  
Secretary of State  
DATE STAMP☐ Check here if above is different from previous report

## TYPE OF REPORT

- \_\_\_\_ January 4, 2011 Pre-Election Report (January 1, 2010 through January 1, 2011).....Mandatory  
 \_\_\_\_ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates  
 ✓ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....only  
 ✓ Termination Report (Candidate will no longer accept contributions or make Mandatory  
 campaign expenditures and has no outstanding campaign debt obligation) Required to terminate  
 reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).  
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 6:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1000.00 + \$ 1000.00	\$ 2000.00	\$ 2000.00
Total amount of disbursements	\$ 2936.00 251.28	\$ 3187.28	\$
Total amount of cash on hand	\$ 0.00	\$ 0.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

1/31/2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1428 or 601-876-2919.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

601-359-1499 OR 601-576-2819

SOS 01-10

Name of Candidate or Committee

CHUCK STEIN

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Reporting period

JAN 1-2011

through

FEB 1-2011

## ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
BRIAN D ARNYOR DATE OR BEN GOLOTT	1/6/2011	\$ 1000.00
Mailing Address		
PO BOX 1191	1/1/	\$
City, State, Zip Code		
31104 MS 39533-1191	1/1/	\$
Name of Employer (Required)		
	1/1/	\$
Occupation (Required)		
	Aggregate year-to-date	\$ 1000.00

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	1/1/	\$
Mailing Address		
	1/1/	\$
City, State, Zip Code		
	1/1/	\$
Name of Employer (Required)		
	1/1/	\$
Occupation (Required)		
	Aggregate year-to-date	\$

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	1/1/	\$
Mailing Address		
	1/1/	\$
City, State, Zip Code		
	1/1/	\$
Name of Employer (Required)		
	1/1/	\$
Occupation (Required)		
	Aggregate year-to-date	\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
	1/1/	\$
Mailing Address		
	1/1/	\$
City, State, Zip Code		
	1/1/	\$
Name of Employer (Required)		
	1/1/	\$
Occupation (Required)		
	Aggregate year-to-date	\$

Name of Candidate or Committee to elect HUCKSTEIN Page 1 of 2  
 Reporting period 01/01/2011 through 02/01/2011

# ITEMIZED DISBURSEMENTS

A. Full name <b>BIG SIGNS</b>		Date (Mo., Day, Year) <b>1.3.11</b>	Amount of each disbursement this period <b>\$ 400.00</b>
Mailing Address <b>684 ORCHARD DRIVE</b>			
City, State, Zip Code <b>DIBERVILLE MS 39540</b>			
Purpose of Disbursement (Optional) <b>LARGE SIGNS</b>		Aggregate Year-to-date	<b>\$ 400.00</b>
B. Full name <b>HOME DEPOT</b>		Date (Mo., Day, Year) <b>1.2.11</b>	Amount of each disbursement this period <b>\$ 33.71</b>
Mailing Address <b>1680 ELIZABETH BLVD</b>			
City, State, Zip Code <b>BILLY MS 39532</b>			
Purpose of Disbursement (Optional) <b>RE-BAR FOR SIGNS</b>		Aggregate Year-to-date	<b>\$ 433.71</b>
C. Full name <b>SORGE PRINTING LLC.</b>		Date (Mo., Day, Year) <b>1.7.11</b>	Amount of each disbursement this period <b>\$ 907.00</b>
Mailing Address <b>10361B AUTO MALL PARKWAY</b>			
City, State, Zip Code <b>DIBERVILLE MS 39540</b>		<b>1.7.11</b>	<b>\$ 706.41</b>
Purpose of Disbursement (Optional) <b>MAIL OUT + POSTAGE</b>		Aggregate Year-to-date	<b>\$ 2047.12</b>
D. Full name <b>CLEAR CHANNEL RADIO</b>		Date (Mo., Day, Year) <b>1.8.11</b>	Amount of each disbursement this period <b>\$ 320.00</b>
Mailing Address <b>PO BOX 406404</b>			
City, State, Zip Code <b>ATLANTA GA. 30384-16404</b>			
Purpose of Disbursement (Optional) <b>RADIO SPOTS</b>		Aggregate Year-to-date	<b>\$ 2357.12</b>
E. Full name <b>HOME DEPOT</b>		Date (Mo., Day, Year) <b>1.10.11</b>	Amount of each disbursement this period <b>\$ 14.39</b>
Mailing Address <b>1680 ELIZABETH AVE.</b>			
City, State, Zip Code <b>BILLY MS. 39532</b>			
Purpose of Disbursement (Optional) <b>TIE WRAPS FOR SIGNS</b>		Aggregate Year-to-date	<b>\$ 2381.51</b>
F. Full name <b>COAST RADIO GROUP</b>		Date (Mo., Day, Year) <b>1.10.11</b>	Amount of each disbursement this period <b>\$ 400.35</b>
Mailing Address <b>PO BOX 2639</b>			
City, State, Zip Code <b>GULFPORT, MS 39540</b>			
Purpose of Disbursement (Optional) <b>RADIO SPOTS</b>		Aggregate Year-to-date	<b>\$ 2781.86</b>

Name of Candidate or Committee to Elect Chuck Stein Page 2 of 2  
 Reporting period 01-01-2011 through 02-01-2011

## ITEMIZED DISBURSEMENTS

A. Full name <u>CITY OF DIBERVILLE</u>	Date (Mo., Day, Year) <u>1/11/11</u>	Amount of each disbursement this period \$ <u>150.00</u>
Mailing Address		
City, State, Zip Code <u>DIBERVILLE MS. 39540</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional) <u>REC CENTER FOR ELECTION REFORMS</u>	Aggregate Year-to-date	\$ <u>2931.86</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$